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PATENT & TRADEMARK OFFICE

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Adriano Aguzzi, *et al.*

Serial No.: 09/554,567

Filed: September 1, 2000

For: **DIAGNOSTIC AND  
THERAPEUTICS FOR  
TRANSMISSABLE SPONGIFORM  
ENCEPHALOPATHY AND  
METHODS FOR THE  
MANUFACTURE OF NON-  
INFECTIVE BLOOD PRODUCTS  
AND TISSUE DERIVED  
PRODUCTS**

Examiner: H. Roark

Group Art Unit: 1644

Attorney Docket No.: 6458.US.01

**Certificate of Mailing under 37 CFR  
§1.8(a):**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First Class Mail addressed to:

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*Kathleen Boettcher* 10/7/02  
Kathleen Boettcher Date

**RECEIVED**

OCT 18 2002

TECH CENTER 1600/2900

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Dear Sir:

Enclosed herewith is a Notice of Appeal for Adriano Aguzzi, *et al.*, for **DIAGNOSTIC AND THERAPEUTICS FOR TRANSMISSABLE SPONGIFORM ENCEPHALOPATHY AND METHODS FOR THE MANUFACTURE OF NON-INFECTIVE BLOOD PRODUCTS AND TISSUE DERIVED PRODUCTS**, the specification of which was filed on September 1, 2000, and received Serial No. 09/554,5.

Also enclosed is a return-receipt postcard.

The Commissioner is hereby authorized to charge any additional Filing Fees required under 37 CFR 1.16, as well as any patent application processing fees under 37 CFR 1.17 associated with this communication for which full payment has not been tendered, to Deposit Account No. 01-0025. A duplicate copy of this sheet is enclosed.



23492

ABBOTT LABORATORIES  
D-0377/AP6A-1  
100 Abbott Park Road  
Abbott Park, Illinois 60064-6008  
Phone: (847) 935-7550

Respectfully submitted,  
Adriano Aguzzi, *et al.*

*M. C. Goller*  
Mimi C. Goller  
Registration No. 39,046  
Attorney for Applicants



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**NOTICE OF APPEAL**

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Applicants hereby appeal to the Board of Appeals from the decision dated July 9, 2002, of the Examiner finally rejecting Claims 35-40.

Please charge deposit Account 01-0025 in the amount of \$320.00 to cover the cost of the Notice of Appeal. Any deficiency or overpayment should be charged or credited to the above-numbered deposit account. A duplicate of this sheet is attached.



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